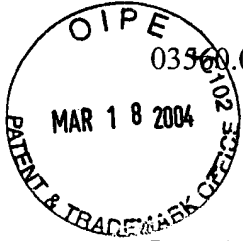


Response Under 37 C.F.R. § 1.116
Group Art Unit 2662, Expedited Procedure
PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

SHUICHI OKAMURA

Application No.: 09/057,556

Filed: April 9, 1998

For: IMAGE COMMUNICATION
APPARATUS, IMAGE
COMMUNICATION METHOD, AND
RECORDING MEDIUM WHICH
STORES THE METHOD

)
: Examiner: S. Tsegaye

Art Unit: 2662

March 15, 2004

RECEIVED

MAR 22 2003

Technology Center 2600

Mailstop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR RECONSIDERATION

Sir:

In response to the Office Action dated December 15, 2003, Applicant respectfully requests consideration in view of the following remarks, which begin at page 2.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

March 15, 2004
(Date of Deposit)

LEONARD P. DIANA
(Name of Attorney for Applicant)

Paul P. Dineen
Signature

March 15, 2004
Date of Signature



Corres. and Mail
BOX AF

AF/2700

In re Application of

Response Under 37 C.F.R. § 1.116
Group Art Unit **2662**, Expedited Procedure
Docket No. 03560.002163.

SHUICHI OKAMURA

Application No.: 09/057,556

Examiner: S. Tsegaye

Filed: April 9, 1998

TC/Art Unit: 2662

For: IMAGE COMMUNICATION APPARATUS, IMAGE
COMMUNICATION METHOD, AND RECORDING
MEDIUM WHICH STORES THE METHOD

Date: March 15, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Response in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 20	= 0	x \$9 \$18	0
INDEP. CLAIMS	* 3	MINUS	*** 3	= 0	x \$42 \$86	0
Fee for Multiple Dependent claims \$140°/\$290						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☐ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorney for Applicant

Registration No. 29, 296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3801
Facsimile: (212) 218-2200

Form #120

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